



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

AUTHORIZATION OF RELEASE OF HIV STATUS

I _____, give written informed consent to
WIC participant/Authorized Representative

_____ to disclose my/my child's HIV status to:
Health Care Provider

Local WIC Agency:

I understand that this information is being used to determine my/my child's eligibility for WIC benefits.

I understand that information related to my HIV status cannot be further disclosed without my written authorization and that all other provisions for confidentiality of test results under Maine Law, (5 M.R.S.A., Part 23, Chapter 501, Section 19203) remain in effect.

This release of information is valid for one (1) year from the date entered below.

WIC Participant's Name _____ Date of Birth _____

WIC Participant/Authorized Representative's Signature Date signed

WIC Representative's Signature